

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Submitted (Received)  
MAY 13 2016  
Bayfield Co. Zoning Dept.

ENTERED  
Permit #: 16-0187  
Date: 6-3-16  
Amount Paid: \$485  
Refund: 6-3-16

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ MINUTARY ☐ PRIVACY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name:

Mailing Address:

City/State/Zip:

Telephone:

Address of Property: Richard & Sedy Hale T

P.O. Box 193

Clamplin MN 55316

Cell Phone:

Contractor: American Homes Haywood

Contractor Phone: 715-634-5322

Plumber:

Plumber Phone: 715

Authorized Agent: (Person Signing Application on behalf of Owner(s))

Agent Phone: 54 we

Agent Mailing Address (include City/State/Zip):

Written Authorization Attached ☐ Yes ☒ No

PROJECT LOCATION

Legal Description: (Use Tax Statement)

PLN: (23 digits)

022-2-47-09-08-3

03-000-2000

Recorded Document: (i.e. Property Ownership)

Volume: 1135

Page(s):

Section 8

Township 47 N, Range 9 W

Town of:

Hughes

Lot Size

165' x 580'

Acres

10

☐ Shoreland ☒ Non-Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ If Yes--continue ☒ If Property/Land within 1000 feet of Lake, Pond or Flowage ☐ If Yes--continue

Distance Structure is from Shoreline: feet

Distance Structure is from Shoreline: feet

Is Property in Floodplain Zone? ☐ Yes ☒ No

Value at Time of Completion

\* include donated time & material

Project

# of Stories and/or basement

Use

# of bedrooms

What Type of Sewer/Sanitary System is on the property?

City

Water

☒ New Construction

☐ Addition/Alteration

☐ Conversion

☐ Relocate (existing bldg)

☐ Run a Business on Property

☐ Foundation

☐ 1-Story

☐ Seasonal

☐ Year Round

☐ 1-Story + Loft

☐ 2-Story

☐ Basement

☐ No Basement

☐ Municipal/City

☐ (New) Sanitary

☐ Sanitary (Exists)

☐ Specify Type: Sanitary

☐ Well

☐ Relocate (existing bldg)

☐ No Basement

☐ Foundation

☐ 1-Story

☐ Seasonal

☐ Year Round

☐ Sanitary (Exists)

☐ Specify Type: Sanitary

☐ Well

☐ Run a Business on Property

☐ No Basement

☐ Foundation

☐ 1-Story

☐ Seasonal

☐ Year Round

☐ Sanitary (Exists)

☐ Specify Type: Sanitary

☐ Well

☐ Relocate (existing bldg)

☐ No Basement

☐ Foundation

☐ 1-Story

☐ Seasonal

☐ Year Round

☐ Sanitary (Exists)

☐ Specify Type: Sanitary

☐ Well

☐ Run a Business on Property

☐ No Basement

☐ Foundation

☐ 1-Story

☐ Seasonal

☐ Year Round

☐ Sanitary (Exists)

☐ Specify Type: Sanitary

☐ Well

☐ Relocate (existing bldg)

☐ No Basement

☐ Foundation

☐ 1-Story

☐ Seasonal

☐ Year Round

☐ Sanitary (Exists)

☐ Specify Type: Sanitary

☐ Well

☐ Run a Business on Property

☐ No Basement

☐ Foundation

☐ 1-Story

☐ Seasonal

☐ Year Round

☐ Sanitary (Exists)

☐ Specify Type: Sanitary

☐ Well

☐ Relocate (existing bldg)

☐ No Basement

☐ Foundation

☐ 1-Story

☐ Seasonal

☐ Year Round

☐ Sanitary (Exists)

☐ Specify Type: Sanitary

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☐ Run a Business on Property

☐ No Basement

☐ Foundation

☐ 1-Story

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☐ Well

☐ Relocate (existing bldg)

☐ No Basement

☐ Foundation

☐ 1-Story

☐ Seasonal

☐ Year Round

☐ Sanitary (Exists)

☐ Specify Type: Sanitary

☐ Well

☐ Run a Business on Property

☐ No Basement

☐ Foundation

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☐ Sanitary (Exists)

☐ Specify Type: Sanitary

☐ Well

☐ Relocate (existing bldg)

☐ No Basement

☐ Foundation

☐ 1-Story

☐ Seasonal

☐ Year Round

☐ Sanitary (Exists)

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☐ Run a Business on Property

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☐ Sanitary (Exists)

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☐ No Basement

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☐ 1-Story

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☐ Foundation

☐ 1-Story

☐ Seasonal

☐ Year Round

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☐ Specify Type: Sanitary

☐ Well

☐ Relocate (existing bldg)

☐ No Basement

☐ Foundation

☐ 1-Story

☐ Seasonal

☐ Year Round

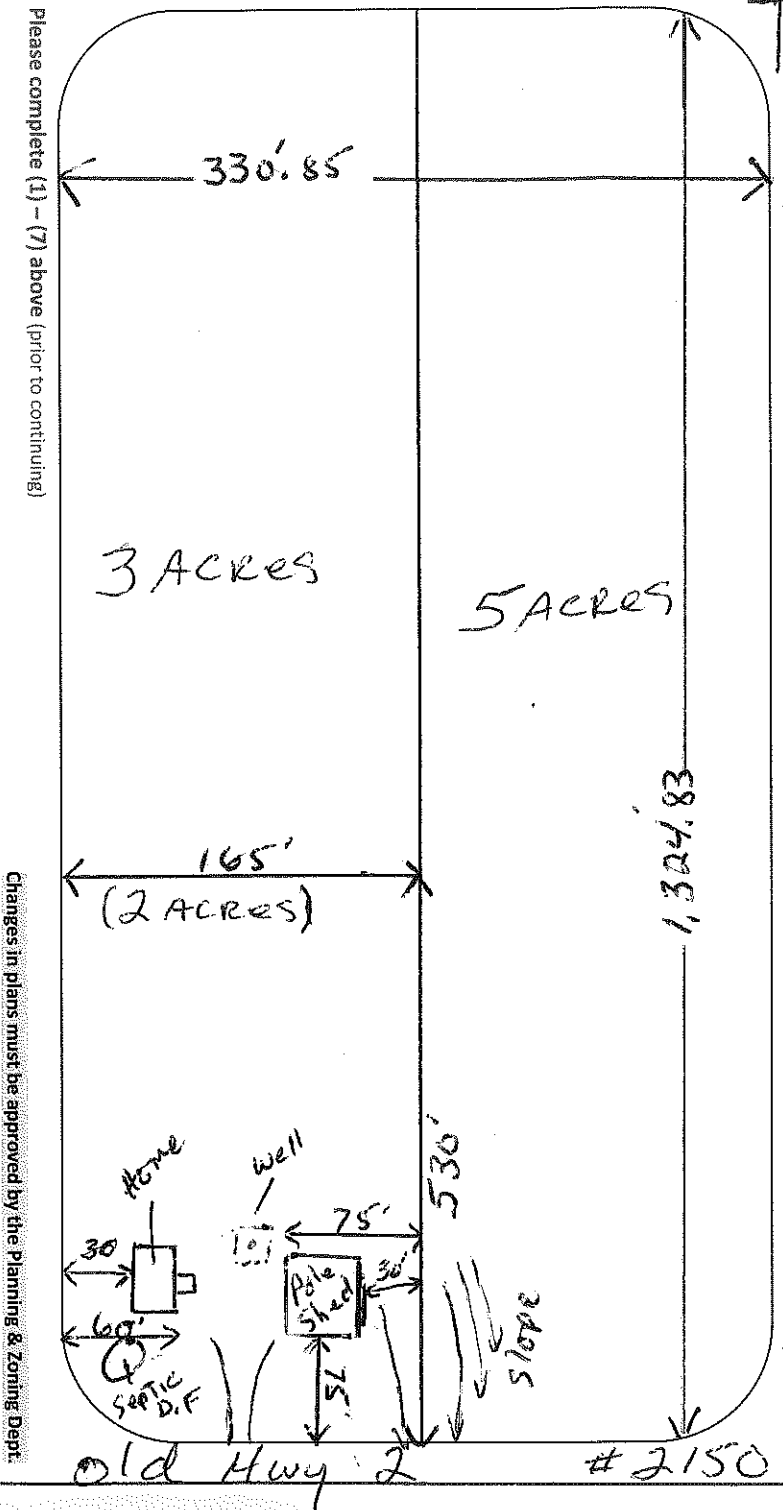
☐ Sanitary (Exists)

☐ Specify Type: Sanitary

☐ Well

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\* ) Driveway and (\* ) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\* ) Well (W); (\* ) Septic Tank (ST); (\* ) Drain Field (DF); (\* ) Holding Tank (HT) and/or (\* ) Privy (P)
- (6) Show any (\*): (\* ) Lake; (\* ) River; (\* ) Stream/Creek; or (\* ) Pond
- (7) Show any (\*): (\* ) Wetlands; or (\* ) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	75' Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	40' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	75' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	30' Feet	20% Slope Area on property	20% Slope Area on property
Setback from the East Lot Line	30' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	15' Feet
Setback to Drain Field	30' Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

14-0306 (P) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).  
2025 Feb 16 For the construction of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits. 12/11/16-16

Issuance Information (County Use Only)		Sanitary Number: 16-388	# of bedrooms: 2	Sanitary Date: 16-3-16		
Permit Denied (Date):		Reason for Denial:				
Permit #: 16-0183	Permit Date: 16-3-16					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:				
Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Inspection Record:	copying plot plan - asked to submit mut.					Zoning District (F-1)
Date of Inspection: 5-25-16	Inspected by: [Signature]	Lakes Classification (F-1)				
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If No they need to be attached						
VDC permit & inspections required						
Signature of Inspector:	[Signature]					Date of Approval: 16-2-16
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date of RECEIPT  
JUN 06 2016  
Bayfield Co. Zoning Dept.

ENTERED  
Permit #: 16-0149  
Date: 6-10-16  
Amount Paid: \$175  
Refund: 6-10-16

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVATE		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name:		LEONARD J HUBBARD		Mailing Address:		5965 1200 LAKE RD		City/State/Zip:		1200 RIVER LN STEB7		Telephone:		715-372-5014	
Address of Property:		5965 1200 LAKE RD		City/State/Zip:		1200 RIVER LN STEB7		Contractor Phone:		715-372-5351		Plumber:		N/A	
Contractor: BUILDING (SELF)		RAT'S MASONRY (GRAND OXEN & S&S)		Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached		<input type="checkbox"/> Yes <input type="checkbox"/> No			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-022-2-47-09-23-1 05-003-2000		Recorded Document: (i.e. Property Ownership)		Volume		Page(s)					
1/4, 1/4		Gov't Lot 3		Lot(s) 1		CSM		Vol & Page		Lot(s) No.		Block(s) No.		Subdivision:	
Section 23, Township 42 N, Range 9 W		Town of: Hubert		Lot Size		Acreage		4.8							
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain?		If yes--continue →		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Are Wetlands Present?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Non-Shoreland		<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage		If yes--continue →		Distance Structure is from Shoreline: feet		550							

Value at Time of Completion * include donated time & material	\$ 25,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Septic	<input checked="" type="checkbox"/> Well		
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)			
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)			
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet			

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
<input type="checkbox"/> with Loft	<input type="checkbox"/>	with a Porch	( X )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch	<input type="checkbox"/>	with a Deck	( X )	
<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	<input type="checkbox"/>	with Attached Garage	( X )	
<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	<input type="checkbox"/>	Mobile Home (manufactured date)	( X )	
<input type="checkbox"/> Addition/Alteration (specify)	<input type="checkbox"/>	Accessory Building (specify)	( 30 X 40 )	1200
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	<input type="checkbox"/>		( X )	
Rec'd for Issuance	<input type="checkbox"/>	Special Use: (explain)	( X )	
Conditional Use: (explain)	<input type="checkbox"/>	Other: (explain)	( X )	
JUN 10 2016	<input type="checkbox"/>			

Secretarial Staff FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying upon information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):  
(If there are Multiple Owners listed on the deed, All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

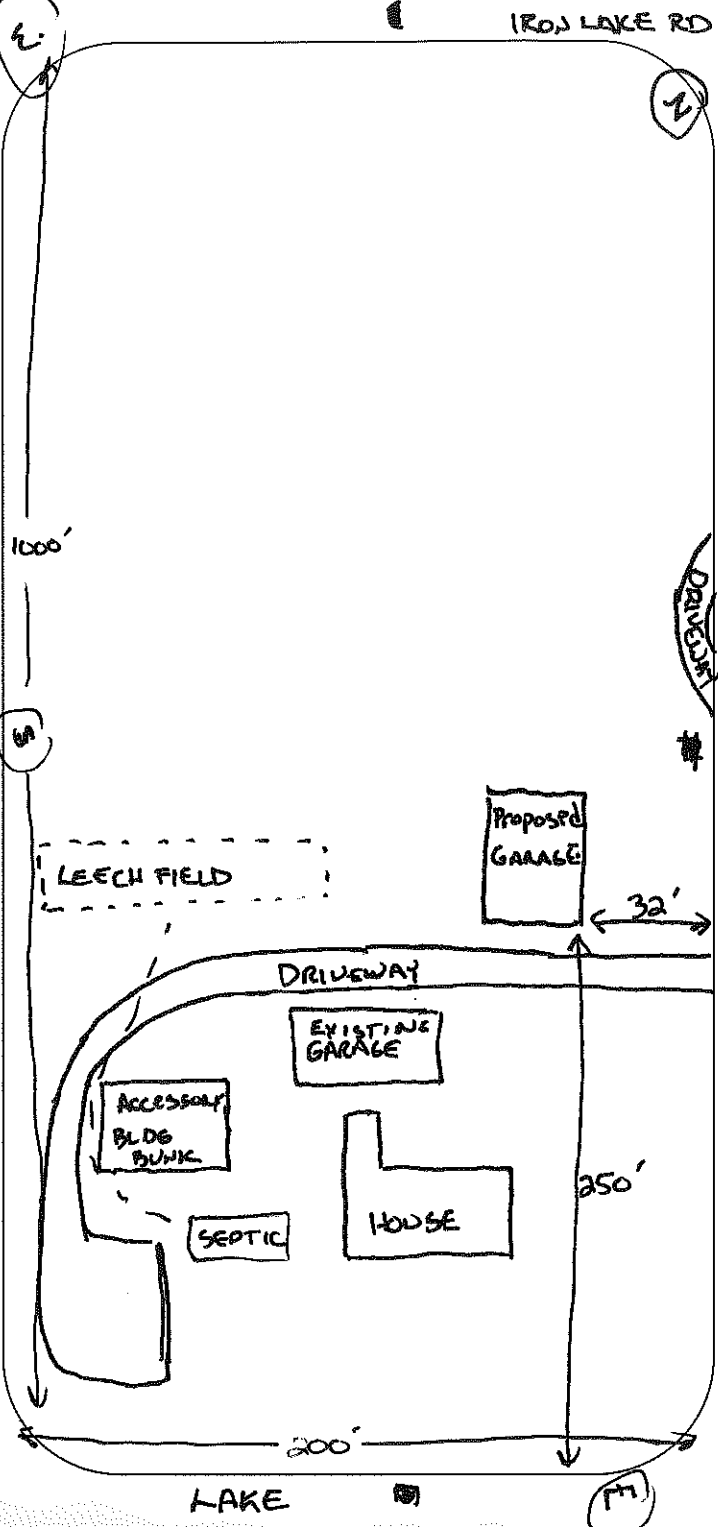
Address to send permit

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**
- (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**
- (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	750 Feet	Setback from the Lake (ordinary high-water mark)	250 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	700 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	300 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	140 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	32 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	150 Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

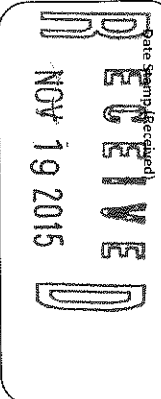
The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		<b>Sanitary Number:</b>	<b># of bedrooms:</b>		<b>Sanitary Date:</b>
<b>Permit Denied (Date):</b>		<b>Reason for Denial:</b>			
<b>Permit #:</b> 16-0149		<b>Permit Date:</b> 6-10-16		<b>&lt;15%: see imp. surface attached</b>	
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No		
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Used/Contiguous Lot(s))	<input checked="" type="checkbox"/> No		
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:	
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: owner present to represent property lines & project.		Zoning District (R-23)			
Date of Inspection: 6-8-16		Inspected by: J. Greenwald, Muepff		Date of Re-Inspection: 1 road-2	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)					
Buildings shall not be used for habitation for sleeping purposes. No persons shall enter the building unless connection to points approved by Buffalo County Zoning.					
Signature of Inspector:					Date of Approval: 6-10-16
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>	



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #: 16-0150  
Date: 6-10-16  
Amount Paid: \$600  
Refund: 6-10-16

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☒ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Jeffrey A & Susan K Linkel Mailing Address: 179 Carousal Lane Stokesdale NC 27357 Telephone: 336-298-4318  
Address of Property: NEW 513-7461-809W City/State/Zip: Hughes Township WI Cell Phone: 844-809-6251  
Contractor: Dahl Construction Contractor Phone: 715-779-3600 Plumber: Blackman Soil & Test Plumber Phone: 715-682-9606  
Authorized Agent: (person signing Application on behalf of Owner(s)) Agent Phone: 715-779-3600 Agent Mailing Address (include City/State/Zip): Blackman Soil & Test Written Authorization Attached ☐ Yes ☒ No

PROJECT LOCATION: NE 1/4, NW 1/4 Legal Description: (Use Tax Statement) 04-04-022-2-46-09-13-2 01-00-1300 Volume 1095 Page(s) 992 PIN: (23 digits)  
Section 13, Township 46 N, Range 9 W Town of: Hughes Lot Size 1306 x 658 Acreage 19.92

☐ Shoreland ☒ Non-Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ If yes--continue --> Distance Structure is from Shoreline:        feet Is Property in Floodplain Zone? ☐ Yes ☒ No

☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue --> Distance Structure is from Shoreline:        feet Are Wetlands Present? ☐ Yes ☒ No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>150,000</u>	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>Septic</u> <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>      </u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length:        Width: 40 Height: 25  
Proposed Construction: Length: 60 Width: 40 Height: 25

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 <sup>nd</sup> ) Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2 <sup>nd</sup> ) Deck <input type="checkbox"/> with Attached Garage	<u>160 x 40</u> <u>14 x 31</u> <u>28 x 4</u> <u>20 x 8</u> <u>24 x 24</u> <u>25 x 35</u>	<u>2360</u> <u>168</u> <u>160</u> <u>576</u> <u>825</u>
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) <u>      </u> <input type="checkbox"/> Addition/Alteration (specify) <u>      </u> <input checked="" type="checkbox"/> Accessory Building (specify) <u>Storage</u> <input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u>      </u>	<u>      </u> <u>      </u> <u>      </u> <u>49 x 36</u>	<u>      </u> <u>      </u> <u>      </u> <u>1764</u>
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Rec'd for Issuance <input type="checkbox"/> Conditional Use: (explain) <u>      </u> <input type="checkbox"/> Other: (explain) <u>      </u>	<u>      </u> <u>      </u> <u>      </u>	<u>      </u> <u>      </u> <u>      </u>

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on the information I (we) am (are) providing in this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

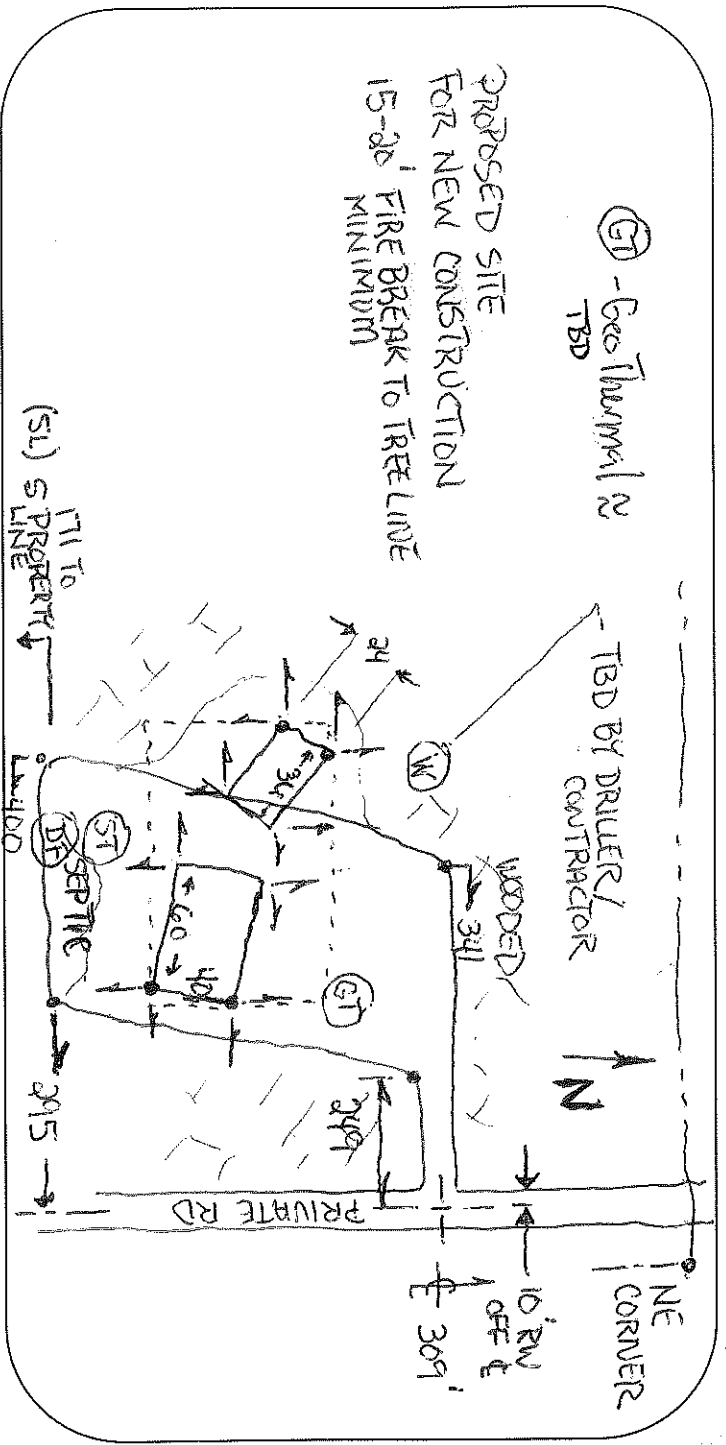
Owner(s): Jeffrey A Linkel & Susan K Linkel Date 11-17-2015  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:        Date         
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 179 Carousal Lane, Stokesdale NC 27357 Attach Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

ne box below:

- |                           | Proposed Construction  |
|---------------------------|--|
| (1) Show location of:     | North (N) on Plot Plan   |
| (2) Show / Indicate:      | (*) Driveway and (*) Frontage Road (Name Frontage Road)  |
| (3) Show Location of (*): | All Existing Structures on your Property   |
| (4) Show:                 | (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) |
| (5) Show:                 | (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond   |
| (6) Show any (*):         | (*) Wetlands; or (*) Slopes over 20%   |
| (7) Show any (*):         |  |



**Changes in plans must be approved by the Planning & Zoning Dept.**

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	257 Feet	Setback from the Lake (ordinary high-water mark)	-- Feet
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	-- Feet
Setback from the North Lot Line	330 Feet	Setback from the Bank or Bluff	-- Feet
Setback from the South Lot Line	220 Feet	Setback from Wetland	-- Feet
Setback from the West Lot Line	280 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	257 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	350 Feet	Setback to Well	350 Feet
Setback to Drain Field	200 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from the previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P) and Well (W).**

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 16-0150		Permit Date: 6-10-16	3	5-13-16
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lots) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: site well staked + property surveyed.		Zoning District (F-1) Lakes Classification M/A		
Date of Inspection: 11-24-15	Inspected by: [Signature]			
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
uniform dwelling code permit + inspection(s) shall be obtained + complied with. Amendment for 5126-04-11				
Signature of Inspector: [Signature]		Date of Approval: 11-24-15		
Hold For Sanitary: <input checked="" type="checkbox"/>	Hold For TBA: <input checked="" type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Rec'd (Received)  
NOV. 19 2015  
Bayfield Co. Zoning Dept.

Permit #: 16-0151  
Date: 6-10-16  
Amount Paid: \$75  
Refund:

ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Jeffrey A + Susan K Dinkel		Mailing Address:		City/State/Zip:		Telephone:
Address of Property:		NE NW S13-T44N-R09W		179 Carousel Lane		Stokesdale NC 27357		336-286-4318
Contractor:		Dan Construction		City/State/Zip:		Hydus Township WI		Cell Phone:
Authorized Agent: (Person signing Application on behalf of Owner(s))		Agent Phone:		Plumber:		115-776-3600		864-809-6251
Agent Mailing Address (include City/State/Zip):		Recorded Document (i.e. Property Ownership)		Written Authorization Attached		<input type="checkbox"/> Yes <input type="checkbox"/> No		
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits)		04-04-022-2-46-09-13-2-01-000 13088 Volume 1095 Page(s) 992		
S4 NE 1/4, NW 1/4		Gov't Lot		Lots		CSM		Vol & Page
Section 13, Township 46 N, Range 9 W		Town of:		Hydus		Lot Size 1306 x 458 Acreage 19.92		

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes--Continue →	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--Continue →	Distance Structure is from Shoreline: feet		

Value at Time of Completion * include donated time & material	\$ 25,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
		<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
		<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
		<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
		<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
		<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation		<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( ) X )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( ) X )	
	with Loft	( ) X )	
	with a Porch	( ) X )	
	with (2 <sup>nd</sup> ) Porch	( ) X )	
	with a Deck	( ) X )	
	with (2 <sup>nd</sup> ) Deck	( ) X )	
<input type="checkbox"/> Commercial Use	with Attached Garage	( ) X )	
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	( ) X )	
	Mobile Home (manufactured date)	( ) X )	
	Addition/Alteration (specify)	( ) X )	
<input type="checkbox"/> Municipal Use	Accessory Building (specify) workshed / storage	(24 x 36 )	844
	Accessory Building Addition/Alteration (specify)	( ) X )	
	Special Use: (explain)	( ) X )	
	Conditional Use: (explain)	( ) X )	
	Other: (explain)	( ) X )	

Secretarial Staff

I hereby declare that this application, including any accompanying information, has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that I (we) will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to County officials charged with administering county ordinances to have access to the above described property and/or reasonably close for the purpose of inspection.

Owner(s): Jeffrey A Dinkel + Susan K Dinkel Date 11-18-15  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 179 Carousel Lane Stokesdale NC 27357 Attach \_\_\_\_\_  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

	Proposed Construction
(1) Show location of:	
(2) Show / Indicate:	North (N) on Plot Plan
(3) Show location of (*):	(*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show:	All Existing Structures on your Property
(5) Show:	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*):	(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*):	(*) Wetlands; or (*) Slopes over 20%



(8) **Setbacks:** (measured to the closest point)

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code

Sanitary Number:	16-245	# of bedrooms:	3	Sanitary Date:	5.13.16
Issuance Information (County Use Only)					

Date of Inspection:	11-24-15
Inspected by:	William Brown: W. Brown
Date of Re-Inspection:	

Pulping shoe not be used for human habitation

Date of Approval: 11-27-11

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